

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000058142

1. Corporation Name

50 Arts Enterprises Inc.

2. Principal Office Address - No P.O. Box #

191 NW 20th Street

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33060

Country

USA

3. Mailing Office Address

191 NW 20th Street

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33060

Country

USA

7. Name and Address of Current Registered Agent

Name

TERRANCE LATIMORE

Street Address (P.O. Box Number is Not Acceptable)

191 NW 20th Street

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33060

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Terrance Latimore, Name

REGISTERED AGENT MUST SIGN

Date 02/10/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	TERRANCE LATIMORE	191 NW 20th Street	Pompano Beach, FL 33060
D	Charles Young	1241 NW 195th Street	Miami Gardens, FL 33169

10. E-mail Address: 50ArtsEnterprises@gmail.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Terrance Latimore, Name

FILED

10 FEB 16 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600169010706
02/16/10--01033--017 **758.75

REINSTATEMENT 06-10

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

April 04, 2005

5. FEI Number

54212895

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

2/17/10